



TOWN OF LOS GATOS

TRANSPORTATION & PARKING COMMISSION APPLICATION

Submit to: Clerk Department
110 East Main Street, P.O. Box 949, Los Gatos, CA 95031
Telephone: (408) 354-6834 • Fax: (408) 354-8431 • Email: clerk@losgatosca.gov

Please type or print legibly

* Last Name: _____	* First Name: _____
* Address: _____	* City: _____ * Zip: _____
* Home Phone: _____	Work Phone: _____
Email: _____	Fax: _____
Present Employer: _____	Job Title: _____
Length of Residency in Los Gatos: _____	
* If appointed, this information will be made available to the public.	

Previously Held Elected or Appointed Governmental Positions	Position/Office Held	Dates
Civic or Charitable Organizations You Have Belonged To	Position/Office Held	Dates
Schools Attended/Attending	Major Subject and/or Grade Level	
A separate application is required for each Commission. Please list other Commissions you are applying to: _____ _____		

Signature: _____

Date: _____

Name of applicant: _____

Please check the appropriate category:

- ☐ I am applying as a resident of the Town of Los Gatos.
- ☐ I am applying as a resident and a business owner/operator in the Town of Los Gatos.

1. Why are you interested in serving on the Transportation and Parking Commission?

2. Have you ever attended a Transportation and Parking Commission meeting? _____. If so, please provide a summary of your observations of the meeting. _____

3. If appointed:

What would you like to accomplish during the first year as a member of the Commission?

What would you like to accomplish during your four year term as a member of the Commission?

How would you contribute as a Commission member to achieving these accomplishments as well as additional Commission projects? _____
